



DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH CARE FACILITY
LICENSURE & CERTIFICATION
99 Chauncy Street
Boston, MA 02111

ADULT DAY HEALTH PROGRAM CAPACITY FORM

Submit this form when making an initial application for an Adult Day Health program license, or to request approval for a change in ownership, location or capacity of an existing program. Submit the completed form to:

Licensure Coordinator
Department of Public Health – DHCFLC
99 Chauncy Street, 11th Floor
Boston, MA 02111

A. APPLICANT INFORMATION:

1. _____
Program Name (name by which you will do business)
2. _____
Program Address (Street, City/Town, ZIP)
3. _____
Name of Contact Person for Application Process
4. _____
Email Address of Contact Person for Application Process
6. _____
Telephone Number

7. Application Type:

- | | |
|--|---|
| <input type="checkbox"/> Initial licensure | <input type="checkbox"/> Change in Capacity (Permanent) |
| <input type="checkbox"/> Change of Ownership | <input type="checkbox"/> Change in Capacity (Temporary) |
| <input type="checkbox"/> Change of Location | Dates of Temporary Change: |
| | Start Date: _____ |
| | End Date: _____ |

B. FLOOR PLAN:

☐ Copy attached which indicates the following:

- Labeling of all rooms for use (e.g., nurse's office, activity room, rest area, etc.)
- Dimensions (length and width) of each room/space, including closets, storage areas, corridors, lobby and similar areas (not be counted toward space requirements and square footage of these areas may be deducted from the gross square footage)
- Indication of which toilets are handicapped accessible
- Indication of space dedicated to participants with Alzheimer's disease and related disorders (158.038(G)(7))

Program Name (name by which you will do business)	
Program Address (Street, City/Town, ZIP)	Page 2 of 2

C. PROGRAM CAPACITY INFORMATION (maximum number of participants that may be in the care of the program at any one time, not to exceed A.) total “Participant Area” divided by at least 50 square feet of participant area per participant; and, B.) more than 12 participants per participant bathroom):

1. Total square footage of Participant Area: _____
(Note: “Participant Area” means the physical space within the Program used for provision of services, therapeutic activities, and dining. When a kitchen is used for activities other than meal preparation, 50% of the kitchen floor area may be counted as Participant Area. The Participant Area does not include reception areas, storage areas, offices, restrooms, corridors, or services areas.)
2. Total number of participant bathrooms: _____
3. Requested Program Capacity: _____

D. DPH USE ONLY:

Date Received: _____

Approved Program Capacity: _____